



Canyon Volleyball Youth Camp

Who: **Incoming 3rd – 6th grade girls**
 When: **June 7th – 10th, 9:00am - noon**
 Where: **Canyon High School Cougar Den**
 Cost: **\$50.00 if paid by May 28th - \$60.00 afterwards**
 Contact: **Heather Sanders, Head Volleyball Coach**
830-221-2482, heather.sanders@comalisd.org

**Please detach and return registration and fees to Heather Sanders by
Friday, May 28th. (Make checks payable to Canyon Volleyball)**

Mail to: **Heather Sanders**
C/O Canyon High School
1510 IH 35 East
New Braunfels, TX. 78130

Name _____ **Grade** _____ (2010-11)
Parent/Guardian _____ **Phone #** _____
T-shirt size **Youth** **S** **M** **L**
 Adult **S** **M** **L**

In case of emergency, contact _____
Phone # _____

Waiver of Claims: In and for consideration of my participation in this program, We hereby agree and promise that we will not hold the Comal Independent School District, its employees, or any instructors responsible for any loss, damages, or personal injuries that we may receive as a result of participation. This waiver of liability expressly includes transportation to and from, or in connections with, said program.

Signature of Parent/Guardian _____
Date _____

Youth Camp